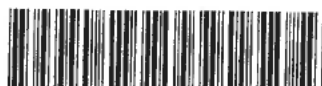


Primary Reg. Dist. No. 3100
Registrar's No. 3100-2022001548
Ohio Department of Health - Vital Statistics
CERTIFICATE OF DEATH

State File No. 2022031656

DECEDENT	1. Decedent's Legal Name (First, Middle, Last, Suffix) (include AKA's if any)					2. Sex		3. Date of Death (Month/Day/Year)								
	ROSA MAE WALKER					FEMALE		MARCH 06, 2022								
	4. Social Security Number		5a. Age (Years)		5b. Under 1 Year Months		5c. Under 1 day Hours		6. Date of Birth (Mo/Day/Year)		7. Birthplace (City and State or Foreign Country)					
	-5640		79						FEBRUARY 21, 1943		LITTLE ROCK, ARKANSAS					
	8a. Residence State			8b. County			8c. City or Town									
	OHIO			HAMILTON			CINCINNATI									
	8d. Street Address and Zip Code										9. Ever in US Armed Forces?					
	3210 WEST FORK ROAD 45211										NO					
	10. Marital Status at Time of Death										11. Surviving Spouse's Name (If wife, give name prior to first marriage)					
	WIDOWED (AND NOT REMARRIED)															
DISPOSITION	12. Decedent's Education					13. Decedent of Hispanic Origin		14. Decedent's Race								
	BACHELORS DEGREE (E.G., BA, AB, BS)					NO		BLACK								
	15. Father's Name					16. Mother's Name (prior to first marriage)										
	UNKNOWN UNKNOWN					EATHEL MAE WALKER										
	17a. Informant's Name					17b. Relationship to Decedent					17c. Mailing Address (Street and Number, City, State, Zip Code)					
	KENDALL WILLIAMS					SON					1805 VIENNA WOODS DRIVE CINCINNATI, OH 45211					
	18a. Place of Death										18b. Facility Name (If not institution, give street & number)		18c. City or Town, State and Zip Code		18d. County of Death	
	NURSING HOME/LONG TERM CARE FACILITY										COVENANT VILLAGE		GREEN TOWNSHIP, OH 45211		HAMILTON	
	19. Funeral Service Licensee or Other Agent					20. License Number (of licensee)		21. Name and Complete Address of Funeral Facility								
	HERBERT T WALKER					009280		WALKER FUNERAL HOME 2625 GILBERT AVE CINCINNATI, OH 45206								
CERTIFIER	22. Method and Place of Disposition										23. Local Registrar		24. Date Filed (Month/Day/Year)			
	CREMATION - GREATER CINCINNATI CREMATORY, CINCINNATI, OH										Shay Kesterman		3/15/2022			
CAUSE OF DEATH	25a. Certifier (Check only one)										25b. Time of Death		25c. Date Pronounced Dead (Month/Day/Year)		25d. Was Case Referred to Medical Examiner or Coroner?	
	<input checked="" type="checkbox"/> Certifying Physician To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner or Medical Examiner On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.										10:36 AM		MARCH 06, 2022		NO	
	26a. Certifier Name and Title					26b. License number		26c. Date Signed (Month/Day/Year)								
	Walter E. Donnelly MD					35.050668		3/10/2022								
	27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death															
	WALTER DONNELLY, 3260 WESTBOURNE DRIVE, CINCINNATI, OH 45248															
	28. Part I. Enter the disease, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Type or print in permanent blue or black ink.										Approximate Interval: Onset and Death					
	Immediate Cause (Final disease or condition resulting in death)										a. Chronic Obstructive Pulmonary Disease				Unknown	
	Sequentially list conditions, if any, leading to immediate cause.										b. Due to (or as Consequence of)					
	Enter Underlying Cause (Disease or injury that initiated events resulting in a death)										c. Due to (or as Consequence of)					
d. Due to (or as Consequence of)																
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.										29a. Was An Autopsy Performed?		29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death?				
										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Not Applicable				
30. Did Tobacco Use Contribute to Death?										31. If Female, Pregnancy Status		32. Manner of Death				
<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input checked="" type="checkbox"/> Probably										<input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Could not be determined				
33a. Date of Injury (Mo/Day/Year)			33b. Time of Injury		33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)					33d. Injury at Work?						
										<input type="checkbox"/> Yes <input type="checkbox"/> No						
33e. Location of Injury (Street and Number or Rural Route Number, City or Town, State)																
33f. Describe How Injury Occurred:										33g. If Transportation Injury, Specify						
										<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other:						

HEA 2724 Rev. 08/18



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